

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**MUSEUM OF THE CITY OF NEW YORK**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**1220 FIFTH AVENUE**

City or town, state or province, country, and ZIP or foreign postal code

**NEW YORK, NY 10029****F** Name and address of principal officer: **OSMAN KURTULUS****1220 FIFTH AVENUE, NEW YORK, NY 10029****D** Employer identification number**13-1624098****E** Telephone number**212-534-1672****G** Gross receipts**26,185,843.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.MCNY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1923****M** State of legal domicile: **NY****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **42****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **41****5** Total number of individuals employed in calendar year 2020 (Part V, line 2a)**5** **180****6** Total number of volunteers (estimate if necessary)**6** **41****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **-4,137.****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b** **0.**

Activities &amp; Governance

Revenue

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

**9,980,093.**

Current Year

**10,067,972.****9** Program service revenue (Part VIII, line 2g)**1,845,428.****953,582.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**1,309,859.****1,972,012.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**635,114.****904,963.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13,770,494.****13,898,529.**

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**0.****0.****14** Benefits paid to or for members (Part IX, column (A), line 4)**0.****0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**8,602,014.****6,946,637.****16a** Professional fundraising fees (Part IX, column (A), line 11e)**115,500.****0.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **1,931,214.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**4,518,921.****3,517,500.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**13,236,435.****10,464,137.****19** Revenue less expenses. Subtract line 18 from line 12**534,059.****3,434,392.****20** Total assets (Part X, line 16)

Beginning of Current Year

**57,067,807.**

End of Year

**66,852,822.****21** Total liabilities (Part X, line 26)**2,480,211.****2,470,009.****22** Net assets or fund balances. Subtract line 21 from line 20**54,587,596.****64,382,813.****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

**4/21/22****OSMAN KURTULUS, CHIEF FINANCIAL OFFICER**

Type or print name and title

Paid

Print/Type preparer's name

**DAVID ROTTKAMP**

Preparer's signature

**DAVID ROTTKAMP**

Date

**04/12/22**

Check

if self-employed

PTIN

**P01303468**

Preparer

Firm's name ▶ **GRASSI & CO. CPA'S, P.C.**Firm's EIN ▶ **11-3266576**

Use Only

Firm's address ▶ **488 MADISON AVENUE, 21ST FLOOR  
NEW YORK, NY 10022**Phone no. **212-661-6166**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

THE MUSEUM OF THE CITY OF NEW YORK FOSTERS UNDERSTANDING OF THE DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFLUENTIAL METROPOLIS. IT ENGAGES VISITORS BY CELEBRATING, DOCUMENTING, AND INTERPRETING THE CITY'S PAST, PRESENT, AND FUTURE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,773,052. including grants of \$ ) (Revenue \$ 507,419.)  
EXHIBITION AND PUBLICATIONS:

STUYVESANT TO SID VICIOUS: COLLECTING NEW YORK'S STORIES  
JANUARY 22, 2019 TO NOVEMBER 28, 2021

THE MUSEUM OF THE CITY OF NEW YORK'S CELEBRATED COLLECTION OF SOME 750,000 OBJECTS AND IMAGES IS A POWERFUL AND VARIED DOCUMENT OF THE CITY'S PAST, CAPTURING THE STORIES OF NEW YORK'S PEOPLE AND PLACES. IT IS ALSO A LIVING AND GROWING RESOURCE, AS NEW ACQUISITIONS ADD TO THE ABILITY OF THE COLLECTION TO SPEAK TO MORE AND MORE OF NEW YORK'S INFINITELY COMPLEX HISTORY.

SEE SCHEDULE O FOR CONTINUATION.

**4b** (Code: ) (Expenses \$ 2,388,184. including grants of \$ ) (Revenue \$ 345,075.)  
COLLECTION CARE:

DURING FY21, THE MUSEUM OF THE CITY OF NEW YORK CONTINUED TO MODIFY ITS APPROACH TO COLLECTIONS MANAGEMENT IN RESPONSE TO GOVERNMENT HEALTH GUIDELINES AND CLOSURES. DESPITE A REDUCTION IN STAFF AND LIMITED ACCESS TO THE OFFICES DURING SEVERAL MONTHS OF THE PANDEMIC, WORK NEVERTHELESS CONTINUED IN INVENTORYING AND CATALOGING OBJECTS FROM MANY COLLECTION AREAS, AS WELL AS TENDING TO THE PHYSICAL NEEDS AND ENSURING THE SAFETY OF THE COLLECTIONS IN OUR STORAGE FACILITIES.

SEE SCHEDULE O FOR CONTINUATION.

**4c** (Code: ) (Expenses \$ 859,233. including grants of \$ ) (Revenue \$ 101,088.)  
EDUCATIONAL PROGRAMS:

FREDERICK A.O. SCHWARZ EDUCATION CENTER  
IN FY21 (JULY 1, 2020 JUNE 30, 2021), THE SCHWARZ CENTER SERVED OVER 66,000 STUDENTS, TEACHERS, AND FAMILIES NEARLY 34,000 PARTICIPANTS LOGGED ON OR VIEWED SCHWARZ CENTER-PRODUCED VIDEO AND LIVESTREAM CONTENT, AND AN ADDITIONAL 32,000 ACCESSED THE MUSEUM'S EDUCATION WEBPAGES WHICH INCLUDE TEACHER RESOURCES, ART-MAKING ACTIVITIES, AND MORE. THIS BOOST IN ONLINE ACTIVITY WAS SUPPORTED IN PART BY THE LAUNCH OF THE MUSEUM'S DIGITAL EDUCATION HUB WHICH CREATED A SINGLE HOME FOR ALL VIRTUAL SCHWARZ CENTER CONTENT AND PROGRAMS.

SEE SCHEDULE O FOR CONTINUATION.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 281,610. including grants of \$ ) (Revenue \$ 108,641.)

**4e** Total program service expenses **7,302,079.**

Form 990 (2020)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	180		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X		
b	If "Yes," enter the name of the foreign country <b>CAYMAN ISLANDS</b>				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X	
If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
If "Yes," complete Form 4720, Schedule O.					

Form 990 (2020)

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	42	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent	41	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

**OSMAN KURTULUS - 212-534-1672**

**1220 FIFTH AVENUE, NEW YORK, NY 10029**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WHITNEY W. DONHAUSER PRESIDENT & DIRECTOR	40.00	X		X				303,333.	0.	44,800.
(2) SARAH HENRY DEPUTY DIRECTOR/CHIEF CURATOR	40.00			X				247,800.	0.	64,818.
(3) OSMAN KURTULUS CHIEF FINANCIAL OFFICER	40.00			X				172,467.	0.	41,195.
(4) GERARD GALLAGHER CHIEF OPERATING OFFICER	40.00			X				153,872.	0.	38,481.
(5) SHERYL VICTOR VP OF MARKETING	40.00					X		140,526.	0.	46,088.
(6) KEITH BUTLER VP OF DEVELOPMENT	40.00				X			160,247.	0.	24,809.
(7) HENRY GALINDO DIRECTOR OF FACILITIES	40.00					X		106,090.	0.	39,142.
(8) LINSAY TURLEY VP MUSEUM COLLECTION	40.00					X		108,970.	0.	22,111.
(9) JULIUS QUITO IT DIRECTOR	40.00					X		110,903.	0.	4,422.
(10) VILLIAM C. VRATTOS CHAIR	1.00	X		X				0.	0.	0.
(11) JAMES G. DINAN VICE CHAIR & CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(12) NEWTON P.S. MERRILL VICE CHAIR & CHAIRMAN EMERITUS	1.00	X		X				0.	0.	0.
(13) RONAY MENSCHER VICE CHAIR	1.00	X		X				0.	0.	0.
(14) JANE B. O'CONNELL TREASURER	1.00	X		X				0.	0.	0.
(15) LESLIE V. GODRIDGE ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(16) TRACEY PONTARELLI SECRETARY	1.00	X		X				0.	0.	0.
(17) DAVID GUIN COUNSEL	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH BELFER BOARD MEMBER	1.00	X						0.	0.	0.
(19) JASON BERG BOARD MEMBER	1.00	X						0.	0.	0.
(20) LUCINDA BHAVSAR BOARD MEMBER	1.00	X						0.	0.	0.
(21) CYNTHIA FOSTER CURRY BOARD MEMBER	1.00	X						0.	0.	0.
(22) TODD DEGARMO BOARD MEMBER	1.00	X						0.	0.	0.
(23) BARBARA J. FIFE BOARD MEMBER	1.00	X						0.	0.	0.
(24) ROBERT FINGER BOARD MEMBER	1.00	X						0.	0.	0.
(25) THOMAS M. FLEXNER BOARD MEMBER	1.00	X						0.	0.	0.
(26) ELBA GALVAN BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,504,208.	0.	325,866.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,504,208.	0.	325,866.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
19-20 BUSH TERMINAL OWNER LP P.O. BOX 784107, PHILADELPHIA, PA 19178	WHAREHOUSE RENT	396,181.
ELECTRIC SYMPHONY MEDIA P.O. BOX 1394, NEW YORK, NY 10156	DIGITAL MARKETING	124,360.
PINK SPARROW, 24 GREENPOINT AVE, # 24A, BROOKLYN, NY 11222	DESIGN & FABRICATION	118,667.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BUDD GOLDMAN BOARD MEMBER	1.00	X						0.	0.	0.
(28) ROBERT GOLDSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(29) LORNA GOODMAN BOARD MEMBER	1.00	X						0.	0.	0.
(30) ELIZABETH GRAZIOLO BOARD MEMBER	1.00	X						0.	0.	0.
(31) JOHN HELLER BOARD MEMBER	1.00	X						0.	0.	0.
(32) STEPHANIE HESSLER BOARD MEMBER	1.00	X						0.	0.	0.
(33) ROBERT A. JEFFE BOARD MEMBER	1.00	X						0.	0.	0.
(34) LEAH C. JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(35) SUZANNE KARR BOARD MEMBER	1.00	X						0.	0.	0.
(36) STEPHEN J. KETCHUM BOARD MEMBER	1.00	X						0.	0.	0.
(37) STANFORD G. LADNER BOARD MEMBER	1.00	X						0.	0.	0.
(38) NAML LEWIS BOARD MEMBER	1.00	X						0.	0.	0.
(39) JEANNE MANISCHEWITZ BOARD MEMBER	1.00	X						0.	0.	0.
(40) DORIS P. MEISTER BOARD MEMBER	1.00	X						0.	0.	0.
(41) GURUDATTA NADKARNI BOARD MEMBER	1.00	X						0.	0.	0.
(42) JOSE PAGAN BOARD MEMBER	1.00	X						0.	0.	0.
(43) KATHRYN PROUNIS BOARD MEMBER	1.00	X						0.	0.	0.
(44) NATHAN ROMANO BOARD MEMBER	1.00	X						0.	0.	0.
(45) ARTHUR J. ROSNER BOARD MEMBER	1.00	X						0.	0.	0.
(46) VALERIE ROWE BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



[illegible]

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	1,124,723.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	3,568,411.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,374,838.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total. Add lines 1a-1f</b>			10,067,972.		
<b>Program Service Revenue</b>	<b>2 a</b>	MEMBERSHIP DUES	Business Code 713990	345,075.	345,075.		
	<b>b</b>	LICENSING AND OTHER FEES	713990	294,398.	294,398.		
	<b>c</b>	ADMISSIONS	713990	213,021.	213,021.		
	<b>d</b>	EDUCATIONAL PROGRAMS	611710	101,088.	101,088.		
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total. Add lines 2a-2f</b>			953,582.		
	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			309,457.		309,457.
<b>4</b>	Income from investment of tax-exempt bond proceeds						
<b>5</b>	Royalties						
<b>Other Revenue</b>	<b>6 a</b>	Gross rents	(i) Real 928,266.				
	<b>b</b>	Less: rental expenses	6b 257,770.				
	<b>c</b>	Rental income or (loss)	6c 670,496.				
	<b>d</b>	Net rental income or (loss)			670,496.		670,496.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities 13,387,031.	(ii) Other 26,216.			
	<b>b</b>	Less: cost or other basis and sales expenses	7b 11,750,692.	0.			
	<b>c</b>	Gain or (loss)	7c 1,636,339.	26,216.			
	<b>d</b>	Net gain or (loss)			1,662,555.		1,662,555.
	<b>8 a</b>	Gross income from fundraising events (not including \$ 1,124,723. of contributions reported on line 1c). See Part IV, line 18	8a 51,500.				
	<b>b</b>	Less: direct expenses	8b 94,473.				
	<b>c</b>	Net income or (loss) from fundraising events			-42,973.		-42,973.
	<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	9a				
	<b>b</b>	Less: direct expenses	9b				
	<b>c</b>	Net income or (loss) from gaming activities					
	<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a 288,883.				
	<b>b</b>	Less: cost of goods sold	10b 184,379.				
<b>c</b>	Net income or (loss) from sales of inventory			104,504.	108,641.	-4,137.	
<b>Miscellaneous Revenue</b>	<b>11 a</b>	MISCELLANEOUS	Business Code 900099	172,936.			172,936.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total. Add lines 11a-11d</b>			172,936.		
<b>12</b>	<b>Total revenue. See instructions</b>			13,898,529.	1,062,223.	-4,137.	2,772,471.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,273,533.	722,855.	228,224.	322,454.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,842,893.	2,733,859.	303,654.	805,380.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	386,252.	285,879.	2,097.	98,276.
9 Other employee benefits	1,094,625.	700,917.	222,122.	171,586.
10 Payroll taxes	349,334.	261,267.	11,867.	76,200.
11 Fees for services (nonemployees):				
a Management				
b Legal	17,965.	11,926.	5,725.	314.
c Accounting	44,910.		44,910.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	124,983.		124,983.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	657,306.	447,044.	45,272.	164,990.
12 Advertising and promotion	182,230.	163,832.	18,398.	
13 Office expenses	203,641.	161,831.	4,555.	37,255.
14 Information technology	219,789.	190,049.	13,453.	16,287.
15 Royalties				
16 Occupancy	622,881.	527,261.	43,654.	51,966.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	636,954.	483,452.	69,134.	84,368.
23 Insurance	129,983.	114,759.	6,887.	8,337.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DESIGN, SHIPPING, AND F	450,422.	368,747.	12,627.	69,048.
b				
c				
d				
e All other expenses	226,436.	128,401.	73,282.	24,753.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>10,464,137.</b>	<b>7,302,079.</b>	<b>1,230,844.</b>	<b>1,931,214.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ If following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	4,370,777.	1	6,433,375.
	2 Savings and temporary cash investments .....	85,794.	2	122,389.
	3 Pledges and grants receivable, net .....	2,997,582.	3	2,883,636.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	265,403.	8	226,784.
	9 Prepaid expenses and deferred charges .....	63,248.	9	43,294.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 33,046,174.		
	b Less: accumulated depreciation .....	10b 12,628,904.		
	11 Investments - publicly traded securities .....	21,003,540.	10c	20,417,270.
	12 Investments - other securities. See Part IV, line 11 .....	21,764,931.	11	31,593,804.
	13 Investments - program-related. See Part IV, line 11 .....	6,516,532.	12	5,132,270.
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	57,067,807.	15		
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	16	66,852,822.	
	18 Grants payable .....	362,266.	17	337,914.
	19 Deferred revenue .....		18	
	20 Tax-exempt bond liabilities .....	128,450.	19	110,265.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		21	
	23 Secured mortgages and notes payable to unrelated third parties .....		22	
	24 Unsecured notes and loans payable to unrelated third parties .....		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,737,755.	24	1,759,145.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	251,740.	25	262,685.
<b>Net Assets or Fund Balances</b>	27 <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>	2,480,211.	26	2,470,009.
	27 Net assets without donor restrictions .....			
	28 Net assets with donor restrictions .....	27,657,886.	27	30,904,014.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>	26,929,710.	28	33,478,799.
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	54,587,596.	32	64,382,813.
	33 <b>Total liabilities and net assets/fund balances</b> .....	57,067,807.	33	66,852,822.

Form 990 (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a **response** or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,898,529.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,464,137.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,434,392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,587,596.
5	Net unrealized gains (losses) on investments	5	6,360,825.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,382,813.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a **response** or note to any line in this Part XII ☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)



SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19068949.	7986153.	9425606.	9980093.	10067972.	56528773.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	19068949.	7986153.	9425606.	9980093.	10067972.	56528773.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						12239706.
6 <b>Public support.</b> Subtract line 5 from line 4, .....						44289067.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4 .....	19068949.	7986153.	9425606.	9980093.	10067972.	56528773.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	805,059.	1192373.	2754085.	878,301.	1237723.	6867541.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				333,130.	172,936.	506,066.
11 <b>Total support.</b> Add lines 7 through 10 .....						63902380.
12 Gross receipts from related activities, etc. (see instructions) .....					12	10,139,828.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	14	69.31	%
15 Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	75.54	%
16a <b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2020

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

- |   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| b A family member of a person described in line 11a above?  |     |    |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                     |     |    |

**Section B. Type I Supporting Organizations**

- |   | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

- |  | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

- |  | Yes | No |
|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).  |     |    |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.   |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

## 2 Activities Test. Answer lines 2a and 2b below.

- |   | Yes | No |
|---|-----|----|
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |     |    |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |     |    |

## 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- |   |  |  |
|---|--|--|
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                             |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. |  |  |



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

**Section B - Minimum Asset Amount**

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

**Section C - Distributable Amount**

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:****OTHER**

2019 AMOUNT: \$ 333,130.

2020 AMOUNT: \$ 172,936.

## Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>MUSEUM OF THE CITY OF NEW YORK</b>	Employer identification number <b>13-1624098</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,737,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,474,967.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>632,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>318,189.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>305,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
MUSEUM OF THE CITY OF NEW YORK	13-1624098

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 272,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
MUSEUM OF THE CITY OF NEW YORK	13-1624098

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020  
Open to Public  
Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

032051 12-01-20

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☒ Public exhibition

d ☒ Loan or exchange program

b ☒ Scholarly research

e ☐ Other

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,211,437.	27,005,039.	25,911,430.	25,299,745.	13,806,325.
b Contributions	3,828,460.	2,500,000.	800,000.	0.	10,500.
c Net investment earnings, gains, and losses	7,395,196.	1,825.	1,484,022.	1,827,473.	2,367,004.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,598,641.	2,295,427.	1,190,413.	1,215,788.	1,373,584.
f Administrative expenses					
g End of year balance	34,836,452.	27,211,437.	27,005,039.	25,911,430.	25,299,745.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 17.4620 %

b Permanent endowment ☒ 80.8480 %

c Term endowment ☒ 1.6890 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		28,476,630.	8,141,814.	20,334,816.
c Leasehold improvements		64,506.	64,506.	0.
d Equipment		4,500,933.	4,422,584.	78,349.
e Other		4,105.		4,105.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,417,270.

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) EQUITY LONG/SHORT HEDGE		
(B) FUNDS	3,435,228.	END-OF-YEAR MARKET VALUE
(C) MULTISTRATEGY HEDGE FUNDS	1,697,042.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,132,270.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	262,685.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	262,685.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2020

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	20,909,919.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,360,825.
b	Donated services and use of facilities	2b	517,778.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	257,770.
e	Add lines 2a through 2d	2e	7,136,373.
3	Subtract line 2e from line 1	3	13,773,546.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	124,983.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	124,983.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,898,529.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,114,702.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	517,778.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	257,770.
e	Add lines 2a through 2d	2e	775,548.
3	Subtract line 2e from line 1	3	10,339,154.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	124,983.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	124,983.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,464,137.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A:**

THE MUSEUM'S COLLECTION, WHICH WAS ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE ITS INCEPTION, IS NOT RECOGNIZED AS AN ASSET ON THE ACCOMPANYING BALANCE SHEET COLLECTION. ITEMS ARE EXPENSED WHEN ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. DETAILED INVENTORY RECORDS, HOWEVER, ARE MAINTAINED FOR COLLECTIONS. THE VALUE OF THE COLLECTION IS NOT READILY DETERMINABLE AND THE MUSEUM DOES NOT INSURE THE COLLECTION FOR THE COST OF ITS REPLACEMENT.

**PART III, LINE 4:**

THE MUSEUM HAS VARIOUS COLLECTIONS WHICH IT USES FOR ITS DIFFERENT

**Part XIII** Supplemental Information *(continued)*

EXHIBITIONS AND PROGRAMS THROUGHOUT THE YEAR.

PART V, LINE 4:

THE MUSEUM HAS DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED TO HELP FUND  
VARIOUS PROJECTS AT THE MUSEUM.

PART X, LINE 2:

THE MUSEUM HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX  
POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL  
STATEMENTS. THE MUSEUM IS SUBJECT TO ROUTINE AUDITS BY TAXING  
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS  
IN PROGRESS. THE MUSEUM BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX  
EXAMINATIONS FOR YEARS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 257,770.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 257,770.



**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Employer identification number

MUSEUM OF THE CITY OF NEW YORK

13-1624098

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		5,132,270.
<b>3 a Subtotal</b> .....	0	0			5,132,270.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			5,132,270.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) ..... ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ..... ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ..... ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ..... ☐ Yes ☒ No

Schedule F (Form 990) 2020

Part V	Supplemental Information
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SPRING GALA	CHAIRMANS LEADERSHIP A	1	(add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts	1,021,163.	79,700.	75,360.	1,176,223.
2 Less: Contributions	969,663.	79,700.	75,360.	1,124,723.
3 Gross income (line 1 minus line 2)	51,500.			51,500.
<b>Direct Expenses</b>				
4 Cash prizes			10,000.	10,000.
5 Noncash prizes				
6 Rent/facility costs	22,297.			22,297.
7 Food and beverages	56,798.			56,798.
8 Entertainment	3,786.			3,786.
9 Other direct expenses	1,275.		317.	1,592.
10 Direct expense summary. Add lines 4 through 9 in column (d)				94,473.
11 Net income summary. Subtract line 10 from line 3, column (d)				-42,973.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_

☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_

☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	X
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	<b>5b</b>	X
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	<b>6b</b>	X
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020



Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

[illegible]

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number  
13-1624098

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MUSEUM OF THE CITY OF NEW YORK FOSTERS UNDERSTANDING OF THE  
DISTINCTIVE NATURE OF URBAN LIFE IN THE WORLD'S MOST INFLUENTIAL  
METROPOLIS. IT ENGAGES VISITORS BY CELEBRATING, DOCUMENTING, AND  
INTERPRETING THE CITY'S PAST, PRESENT, AND FUTURE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STUYVESANT TO SID VICIOUS: COLLECTING NEW YORK'S STORIES SHARES SOME OF  
THE HIGHLIGHTS OF THE HUNDREDS OF ADDITIONS TO THE COLLECTION OVER THE  
PAST THREE YEARS WITH THE PUBLIC, RUNNING THE GAMUT FROM THE COLONIAL  
ERA TO THE RECENT PAST. THESE STELLAR OBJECTS AND IMAGES ENRICH THE  
COLLECTION AS A RESOURCE FOR CURATORS, RESEARCHERS, AND THE BROADER  
AUDIENCE OF PEOPLE WHO SEEK TO UNDERSTAND THE COMPELLING AND LAYERED  
IDENTITY OF NEW YORK AND ITS STORIES.

AMONG THE HIGHLIGHTS ARE A FULL GALLERY OF NEWLY ACQUIRED HISTORIC AND  
CONTEMPORARY PHOTOGRAPHS BY BOTH WELL-KNOWN AND EMERGING ARTISTS,  
INCLUDING JANETTE BECKMAN, BRUCE DAVIDSON, HELEN LEVITT, RUDDY ROYE,  
RICHARD SANDLER, GAIL THACKER, JAMES VAN DERZEE, HARVEY WANG AND MANY  
OTHERS. THESE PHOTOGRAPHS PROVIDE A WINDOW INTO DIVERSE LIVES AND  
EXPERIENCES OF NEW YORK, INCLUDING A DRAMATIC 1948 STUDIO PORTRAIT OF  
THE MARX BROTHERS BY YOUSEF KARSH; AN IMPROMPTU STREET PORTRAIT BY  
ALLAN TANNENBAUM IN 1978 OF SID VICIOUS OF THE SEX PISTOLS LEAVING THE  
CHELSEA HOTEL IN HANDCUFFS FOLLOWING THE SUSPICIOUS DEATH OF HIS  
GIRLFRIEND NANCY SPUNGEN; AND RUDDY ROYE'S CONTEMPORARY COLOR PORTRAITS  
OF RESIDENTS OF BEDFORD STUYVESANT, BROOKLYN. THESE POWERFUL

PHOTOGRAPHS DOCUMENT THE CITY THROUGH THE TALENTED EYE OF A WIDE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

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VARIETY OF ARTISTS AND CAPTURE THE INTIMATE, VARIED STORIES OF LIVES  
LIVED IN THE CHANGING METROPOLIS.

ALSO FEATURED ARE SEVERAL RECENTLY DONATED ORIGINAL DRAWINGS BY  
LONG-TIME NEW YORKER ILLUSTRATOR SAUL STEINBERG, HIGHLIGHTING THE  
ARTIST'S DISTINCTIVE STYLE AND KEEN SENSE OF OBSERVATION OF THE CITY.  
THEY ARE JOINED BY OTHER OBJECTS IN MANY MEDIA THAT DEMONSTRATE THE  
POWER OF THE COLLECTION TO SHED LIGHT ON THE EVOLVING CITY, ITS DAILY  
LIFE, ITS CREATIVITY, AND THE PERSPECTIVES OF ITS RESIDENTS. THESE  
INCLUDE A LAND GRANT AND CORRESPONDING MAP SHOWING LANDS OWNED BY  
PETRUS STUYVESANT, THE LAST DUTCH GOVERNOR, AND DONATED BY HIS  
DESCENDANTS; ONE-OF-A-KIND ARTISTS' POSTERS FROM THE 2017 WOMEN'S  
MARCH; AND HATS DESIGNED BY BILL CUNNINGHAM. GARMENTS THAT BELONGED TO  
SCULPTOR LOUISE NEVELSON AND BEAUTY ENTREPRENEUR HELENA RUBENSTEIN  
SPEAK TO EACH WOMAN'S CULTIVATED ARTISTIC PERSONA AND PERSONAL STYLE;  
ALONGSIDE SKETCHES AND DRAWINGS DOCUMENTING THE CAREER OF MID-20TH  
CENTURY DESIGNER VALENTINA, THESE ILLUSTRATE THE CHANGE IN WOMEN'S WORK  
AND ENTREPRENEURSHIP. PROMOTIONAL MATERIAL FROM THE OPENING CELEBRATION  
OF THE SECOND AVENUE SUBWAY SPEAKS BOTH TO THE CHANGING INFRASTRUCTURE  
OF THE CITY, AS WELL AS A LONG TRADITION OF CELEBRATING SUCH MILESTONES  
IN THE CITY'S HISTORY. A COLLECTION OF ADVERTISING POSTERS FOR LOCAL  
EVENTS SUCH AS BAZAARS AND GALAS PROVIDE INSIGHT INTO NEW YORK'S UNIQUE  
NEIGHBORHOODS AND TIGHTLY KNIT COMMUNITIES, WHILE A COLLECTION OF  
MATERIALS FROM THE CIVIL DEFENSE PROGRAM ANIMATES LIFE OF NEW YORK  
CITIZENS DURING WORLD WAR II.

TOGETHER THE BEAUTIFUL, ECLECTIC, AND POIGNANT IMAGES AND OBJECTS ON  
VIEW CREATE A COLLECTIVE PORTRAIT OF HOW A DIVERSE RANGE OF NEW YORKERS  
HAVE SEEN THEMSELVES AND THEIR CITY. THE EXHIBITION WILL ALSO UNDERLINE  
FOR THE PUBLIC THAT THE MUSEUM'S COLLECTION IS AN DYNAMIC ASSET FOR

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TELLING THE STORIES OF OUR CITY DOCUMENTING ITS CHANGING POPULATION, THE EXPERIENCE OF ITS PHYSICAL PLACE, ITS TUMULTUOUS POLITICAL AND ECONOMIC HISTORY, AND THE VIBRANT ARTS AND DESIGN SCENE THAT HAVE MADE NEW YORK A CULTURAL CAPITAL. THEIR VERY VARIETY SPEAKS TO THE BREADTH AND IMPORTANCE OF THE ENTERPRISE OF PRESERVING THE CITY'S STORIES, AND THE ONGOING WORK OF BUILDING A COLLECTION THAT IS REFLECTIVE OF ALL OF NEW YORK'S STORIES.

CITY/GAME: BASKETBALL IN NEW YORK

JANUARY 22, 2020 TO JUNE 20, 2021

BASKETBALL IN NEW YORK IS A SAGA SET IN SCHOOLYARDS, STREET CORNERS, GYMNASIUMS, AND PACKED ARENAS, WHERE A SHARED SPORTS CULTURE CUTS ACROSS RACE, ETHNICITY, CLASS, AND LANGUAGE. CITY/GAME: BASKETBALL IN NEW YORK CAPTURES THE EXCITEMENT AND EVOLUTION OF THIS QUINTESSENTIALLY URBAN GAME AND THE ENERGY OF THE DIVERSE NEW YORKERS WHO PLAY IT AND LOVE IT. RELIVE HISTORIC HIGHS AND LOWS, AND REVISIT LEGENDARY PLAYERS LIKE KNICKS LEGEND WALT "CLYDE" FRAZIER, HALL OF FAMER KAREEM ABDUL-JABBAR, WNBA TRAILBLAZER NANCY LIEBERMAN, AS WELL AS CURRENT STARS SUCH AS QUEENS-BORN LIBERTY STAR TINA CHARLES AND THE CITY'S LATEST HEADLINE PLAYER, KEVIN DURANT. FROM RUCKER PARK TO MADISON SQUARE GARDEN, FROM JAZZ BANDS TO SNEAKER STORIES, EXPERIENCE WHY BASKETBALL IS TRULY THE CITY GAME.

NEW YORK RESPONDS: THE FIRST SIX MONTHS

DECEMBER 18, 2020 TO MAY 9, 2021

OPENING FRIDAY, DECEMBER 18, NEW YORK RESPONDS: THE FIRST SIX MONTHS

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LOOKS AT THE STILL-UNFOLDING EVENTS OF 2020 THROUGH THE EYES OF OVER 100 NEW YORKERS. THIS CROWD-SOURCED EXHIBITION PRESENTS OBJECTS, PHOTOGRAPHS, VIDEOS, AND OTHER ARTWORKS THAT DOCUMENT AND INTERPRET THE COVID PANDEMIC, THE RACIAL JUSTICE UPRISINGS, AND THE RESPONSES OF NEW YORKERS AS THEY FOUGHT TO COPE, SURVIVE, AND FORGE A BETTER FUTURE. A JURY OF A DOZEN NEW YORKERS REPRESENTING MANY WALKS OF LIFE HELPED TO MAKE THE SELECTION FROM AMONG TENS OF THOUSANDS OF SUBMISSIONS RECEIVED FROM INDIVIDUAL ARTISTS AND FROM PARTNER INSTITUTIONS.

ON JULY 23, THE MUSEUM UNVEILED THE FIRST PHASE OF THIS EXHIBITION, AN OUTDOOR INSTALLATION FEATURING 14 IMAGES THAT HAD BEEN SUBMITTED AS PART OF OUR ONGOING COLLECTING EFFORTS. TOGETHER, THESE POWERFUL ARTIFACTS AND ARTWORKS SPEAK TO THE DRAMATIC EFFECTS OF THESE UNPRECEDENTED MONTHS ON THE CITY, ITS RESIDENTS, AND THE DYNAMICS OF URBAN LIFE ITSELF.

THE CITY WITHIN: BROOKLYN PHOTOGRAPHS BY ALEX WEBB AND REBECCA NORRIS WEBB  
MARCH 11, 2020 TO APRIL 18, 2021

BEFORE IT BECAME PART OF NEW YORK CITY IN 1898, BROOKLYN WAS A CITY OF ITS OWN THE FOURTH LARGEST IN THE NATION. EVEN TODAY, AS NEW YORK'S MOST POPULOUS BOROUGH, BROOKLYN REMAINS A "CITY WITHIN THE CITY" THREE TIMES THE SIZE OF MANHATTAN. IT IS FROM THIS POINT OF INSPIRATION THAT THE CITY WITHIN: BROOKLYN PHOTOGRAPHS BY ALEX WEBB & REBECCA NORRIS WEBB PRESENTS MORE THAN THIRTY IMAGES BY CELEBRATED PHOTOGRAPHERS ALEX WEBB AND REBECCA NORRIS WEBB.

ALEX WEBB HAS SOUGHT TO CANVASS BROOKLYN WITH AN EMPHASIS ON EXPLORING



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ITS TREMENDOUS CULTURAL DIVERSITY, FROM MEXICAN AND CARIBBEAN BROOKLYN TO CHINESE BROOKLYN. BY CONTRAST, REBECCA NORRIS WEBB HAS PHOTOGRAPHED THE GREEN HEART OF BROOKLYN, ITS PARKS AND GARDENS, AS THE CONTEMPLATIVE CORE FOR THIS BODY OF WORK. THROUGH THE WORK OF ALEX WEBB AND REBECCA NORRIS WEBB WE COME TO SEE THE COMPLEX BEAUTY OF THE BOROUGHITS PEOPLE, ITS URBAN LANDSCAPE, AND ITS VERDANT GREEN SPACES.

WHO WE ARE: VISUALIZING NYC BY THE NUMBERS

NOVEMBER 22, 2019 TO OCTOBER 18, 2020

NEW YORK CITY IS A DENSE, CHAOTIC MOSAIC OF SOME EIGHT AND A HALF MILLION PEOPLE, EACH WITH THEIR OWN INDIVIDUAL STORIES. HOW CAN WE POSSIBLY UNDERSTAND AND DESCRIBE THIS ENDLESSLY COMPLEX COLLECTIVITY WHAT WE SHARE AND WHAT DISTINGUISHES US? CENSUS DATA HAS LONG BEEN A RESOURCE USED TO DRAW OUT UNEXPECTED AND PROVOCATIVE PATTERNS, CONNECTIONS, AND INSIGHTS ABOUT WHO NEW YORKERS ARE SINCE OUR NATION'S FIRST COUNT IN 1790.

IN ANTICIPATION OF THE 2020 CENSUS, WHO WE ARE: VISUALIZING NYC BY THE NUMBERS SHOWCASES WORK NOT JUST BY DATA ANALYSTS AND DEMOGRAPHERS, BUT ALSO BY CUTTING-EDGE CONTEMPORARY ARTISTS AND DESIGNERS WHO USE THESE TOOLS TO ENLIVEN AND HUMANIZE STATISTICS AND TO SHED NEW LIGHT ON HOW WE UNDERSTAND OUR URBAN ENVIRONMENT AND OURSELVES. TOGETHER, THESE INTRIGUING AND VARIED WORKS DEMONSTRATE THE POWER AND IMPORTANCE OF NUMBERS IN HELPING US UNDERSTAND WHO WE ARE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH AN ESTIMATED THREE-QUARTER MILLION COLLECTION OBJECTS IN TOTAL, THE MUSEUM NOW HAS RECORDS FOR OVER HALF A MILLION, AND DURING THIS

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PERIOD 5,609 RECORDS FOR THESE OBJECTS WERE CATALOGUED OR SIGNIFICANTLY UPDATED. AS PART OF THIS ONGOING WORK, WE DIGITIZED 7,558 OBJECTS WITH A SUPPORTING 9,876 DIGITAL IMAGES. DURING FY2021, THE MUSEUM LAUNCHED A SIGNIFICANT UPGRADE TO ITS COLLECTIONS PORTAL, AND AS A RESULT, A TREMENDOUS BACKLOG OF RECORDS AND IMAGES WERE ADDED TO THE WEBSITE BEGINNING IN JANUARY 2021. THEY ARE FURTHER DESCRIBED BELOW.

WORK CONTINUED ON A GRANT FUNDED BY THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES (IMLS), FOCUSING THE LENS: CREATING ONLINE PUBLIC ACCESS TO THE WORK OF JOHN VACHON IN THE LOOK MAGAZINE COLLECTION. DURING FY2021, 7,390 IMAGES WERE DIGITIZED, 488 IMAGES WERE CATALOGED, AND 1,144 IMAGES AND ACCOMPANYING CATALOG RECORDS WERE UPLOADED TO THE COLLECTIONS PORTAL.

ANOTHER IMLS-FUNDED PROJECT SAW IMPORTANT ACTIVITY DURING FY2021: THE ART OF THE STAGE: DIGITIZING AND CATALOGING THEATRICAL DESIGN RENDERINGS. A TOTAL OF 794 DESIGN DRAWINGS WERE CATALOGED, WITH 759 RECORDS AND 763 ACCOMPANYING IMAGES UPLOADED TO THE COLLECTIONS PORTAL. THE FINAL DELIVERABLE FOR THE NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH) FUNDED PROJECT EYES ON AMERICA: PROCESSING AND CATALOGING THE LOOK COLLECTION WAS MET, WITH 103 RECORDS AND 637 ACCOMPANYING IMAGES UPLOADED TO THE WEBSITE.

FY2021 ALSO SAW THE WINDING UP OF TWO OTHER NEH-FUNDED PROJECTS. PRESERVING PERFORMANCE PAST: CONSERVATION AND DIGITIZATION OF THE MUSEUM OF THE CITY OF NEW YORK'S COLLECTION OF THEATRICAL BROADSIDES SAW 426 RECORDS WITH 435 IMAGES UPLOADED TO THE COLLECTIONS PORTAL, AND A FINDING AID PUBLISHED ON THE MUSEUM'S WORDPRESS SITE. DISCOVERING THE

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YANKEE DOODLE BOY: DIGITIZATION OF THE EDWARD B. MARKS MUSIC COMPANY

COLLECTION ON GEORGE M. COHAN SAW 84 RECORDS WITH AN ACCOMPANYING 4,512

IMAGES UPLOADED TO THE WEBSITE, AND A FINAL FINDING AID PUBLISHED TO

THE MUSEUM'S WORDPRESS SITE.

DURING THE PANDEMIC, THE MUSEUM ENDEAVORED TO BRING ITS COLLECTIONS TO

AS MANY PEOPLE AS POSSIBLE. THE COLLECTIONS STAFF SPEARHEADED A

WEB-BASED PROJECT MARIAN ANDERSON: A DIGITAL INSTALLATION. FOUR

GARMENTS BELONGING TO MARIAN ANDERSON WERE PHOTOGRAPHED, THAT WERE

UPLOADED TO THE COLLECTIONS PORTAL WITH AN ACCOMPANYING 41 IMAGES.

WORK CONTINUED ON THE INSTITUTIONAL ARCHIVES PROJECT, FUNDED BY THE

LEON LEVY FOUNDATION. THE INSTITUTIONAL ARCHIVIST PROCESSED 40 BOXES,

PRIORITIZING THE HIGH-RISK MATERIAL FIRST. ONE HUNDRED AND FIFTY-SIX

OBJECTS FROM THE ARCHIVE WERE DIGITIZED, WITH AN ACCOMPANYING 2,267

IMAGES.

THE END OF FY2021 SAW THE KICKOFF OF A NEW PROJECT FUNDED BY THE ROBERT

DAVID LION GARDINER FOUNDATION TO CATALOG AND DIGITIZE SELECT ITEMS

FROM THE HARRY T. PETERS PAPERS. A COLLECTIONS FELLOW WAS HIRED TO

ASSIST WITH BASIC CATALOGING AND DIGITIZATION. 1,251 BASE CATALOG

RECORDS WERE CREATED, WITH 8 OBJECTS PHOTOGRAPHED, ACCOMPANIED BY 178

IMAGES.

MCNY'S TRAVELING EXHIBITIONS DEPARTMENT (TEX) TOURED THROUGH A

DIFFERENT LENS: STANLEY KUBRICK PHOTOGRAPHS THROUGHOUT EUROPE DURING

FY2021, WITH DISPLAYS AT THE MUSE DES BEAUX-ARTS IN LE LOCLE,

SWITZERLAND FROM OCTOBER 2020 THROUGH APRIL 2021 AND AT THE FINNISH

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MUSEUM OF PHOTOGRAPHY IN HELSINKI FROM APRIL 2021 THROUGH AUGUST 2021.

THE MUSEUM ALSO CONTINUED IN ITS ACTIVE EFFORTS TOWARDS PERMANENT COLLECTION ACQUISITIONS RESULTING IN A NUMBER OF NOTABLE FY2021 ACCESSIONS. OF THESE ACQUISITIONS, HIGHLIGHTS INCLUDE:

- SIXTY-EIGHT PIECES OF EPHEMERA RELATING TO ANTIWAR PROTESTS, STUDENT ACTIVISM, ELECTORAL POLITICS, AND 1960S GROUPS SUCH AS THE PANTHER 21 AND THE YIPPIES FROM LATE 1960S AND EARLY 1970S.

- THIRTY-NINE (39) GELATIN SILVER PRINTS OF LIFE IN NEW YORK CITY BETWEEN 1940 AND 1960S BY MARTIN ELKORT

- TWO (2) COLORED PENCIL DRAWINGS OF RESIDENTS IN THE BRONX DURING THE PANDEMIC BY THE ARTISTS SHELLYNE RODRIGUEZ.

- ONE (1) PAINTING OF GEORGE FLOYD CREATED BY ARTISTS FOR GEORGE TO BE CARRIED DURING PROTESTS IN NEW YORK CITY DURING 2020

- THE (1) JOEY ARIAS "AQUAMAN" COSTUME FROM "MERMAIDS GO RETAIL" FROM THE PERFORMANCES ON THE ROOF AT DANCETERIA

WITHIN FY21 THERE WERE A TOTAL OF FORTY-ONE (41) GIFTS OR PURCHASES TOTALING OVER 350 NEW ADDITIONS TO THE COLLECTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDITIONALLY, AN UNANTICIPATED SUCCESS OF VIRTUAL PROGRAMMING IS THAT IT ALLOWS FOR A WIDER GEOGRAPHIC REACH, AND ATTENDANCE FOR MANY PROGRAMS EXCEEDED PREVIOUS ONSITE CAPACITY. EDUCATIONAL OFFERINGS AT THE CENTER INCLUDE VIRTUAL AND ONSITE FIELD TRIPS, OUT-OF-SCHOOL-TIME PROGRAMS, PROFESSIONAL DEVELOPMENT WORKSHOPS AND COURSES FOR TEACHERS, CURRICULUM AND EDUCATIONAL RESOURCE DEVELOPMENT, AND FAMILY AND COMMUNITY PROGRAMS. FIELD TRIPS MAKE UP THE BULK OF THE SCHWARZ

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CENTER'S ATTENDANCE, LINKING HISTORICAL AND CONTEMPORARY TOPICS PERTAINING TO NEW YORK CITY TO THE NEW YORK CITY DEPARTMENT OF EDUCATION SCOPE AND SEQUENCE FOR SOCIAL STUDIES, COMMON CORE LEARNING STANDARDS FOR ENGLISH LANGUAGE ARTS IN HISTORY, AND THE NEW YORK STATE NEXT GENERATION LEARNING STANDARDS FOR LITERACY IN HISTORY/SOCIAL STUDIES. THE MAIN FORMAT CURRENTLY UTILIZED TO DELIVER THESE PROGRAMS ARE VIRTUAL FIELD TRIPS AND STUDENT WORKSHOPS, WHICH ENGAGE STUDENTS DIRECTLY THROUGH A DIGITAL PLATFORM IN 45-60-MINUTE INTERACTIVE EXPERIENCES. THE MUSEUM ALSO OFFERS GALLERY PROGRAMS, WHICH PROVIDE 60-MINUTE INTERACTIVE TOURS OF THE MUSEUM'S EXHIBITIONS, INCLUDING SPECIAL EXHIBITIONS AND THE MUSEUMS LONG-TERM EXHIBITIONS ACTIVIST NEW YORK AND NEW YORK AT ITS CORE, AND 75-MINUTE HISTORY LABS, WHICH MEET IN THE CLASSROOMS TO OFFER A CONTENT-RICH EXPERIENCE UTILIZING THE MUSEUM'S COLLECTIONS WHILE FOCUSING ON CORE THEMES IN NEW YORK CITY HISTORY. EDUCATION PROGRAMS ARE INQUIRY-BASED, LED BY MUSEUM EDUCATORS WHO ENCOURAGE CHILDREN TO REFLECT ON WHAT THEY HAVE LEARNED ABOUT THE CITY'S PAST, PRESENT, AND FUTURE AND TO CONNECT THIS NEW KNOWLEDGE TO CLASSROOM LEARNING. DURING FY21, THE SCHWARZ CENTER SERVED 5,272 STUDENTS AND 602 ADULTS THROUGH 193 VIRTUAL FIELD TRIPS. ADDITIONALLY, THROUGH 27 SESSIONS OF VIRTUAL STUDENT WORKSHOPS, THE SCHWARZ CENTER SERVED AN ADDITIONAL 9,335 STUDENTS AND 501 ADULTS. STUDENTS ROUGHLY MATCH THE DEMOGRAPHICS OF THE NEW YORK CITY PUBLIC SCHOOL SYSTEM: 41% HISPANIC, 26% AFRICAN-AMERICAN, 16% ASIAN, AND 15% WHITE, WITH NEARLY 73% QUALIFYING AS ECONOMICALLY DISADVANTAGED, ACCORDING TO THE NYC DEPARTMENT OF EDUCATION (NYC DOE). THE MUSEUM REMAINED COMMITTED TO OFFERING A NUMBER OF FIELD TRIPS FOR FREE TO PUBLIC SCHOOLS FROM EAST HARLEM AND HAS PROVIDED FEE WAIVERS FOR THOSE SCHOOLS. THIS YEAR, THE MUSEUM ALSO PARTNERED WITH THE NYC DOE AND PARTICIPATING SCHOOLS TO

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EXPAND THE USE OF THE HIDDEN VOICES CURRICULUM BY PUBLIC SCHOOL TEACHERS THROUGH THE HISTORY BY DESIGN PROGRAM. HISTORY BY DESIGN IS A PROGRAM FOR TEACHERS AND STUDENTS IN GRADES 3-8 INTERESTED IN DIVING DEEPER INTO SOCIAL STUDIES, HISTORY, AND THE ARTS IN AN EXPERIENTIAL LEARNING ENVIRONMENT THAT EXPLORES MULTIPLE PERSPECTIVES AND ENCOURAGES STUDENT VOICES. MUSEUM EDUCATORS HAVE TAUGHT THIS PROGRAM TO 257 STUDENTS AND 28 ADULTS SINCE THE LAUNCH OF THIS INITIATIVE. THE SCHWARZ CENTER ALSO SERVES PK-12 EDUCATORS AND ADMINISTRATORS THROUGH LECTURES, WORKSHOPS, WEEK-LONG COURSES, AND COLLABORATIONS WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION. THE MAJORITY OF THESE PROGRAMS ARE FREE FOR PARTICIPANTS. THE POPULATION SERVED CONTINUES TO REFLECT A BROAD AND DIVERSE SPECTRUM OF EDUCATORS, WHO REGULARLY SHARE THAT THEY WOULD NOT OTHERWISE HAVE ACCESS TO THE CURRENT SCHOLARSHIP PROVIDED VIA THE WRITTEN MATERIALS, GUEST LECTURES, AND EXHIBITION CONTENT DEVELOPED BY THE MUSEUM. IN FY21, 5,361 EDUCATORS WERE SERVED THROUGH VIRTUAL WORKSHOPS. EDUCATORS CONTINUE TO RELY ON THE MUSEUM'S RESOURCES AND EXPERTISE TO BRING RELEVANT AND REPRESENTATIVE STORIES TO THEIR TEACHING, AS THEY HELP STUDENTS MAKE SENSE OF THE CHALLENGES THEY ENCOUNTER IN THEIR OWN COMMUNITIES. PARTICIPANTS IN THE SCHWARZ CENTER'S ONLINE PROFESSIONAL LEARNING PROGRAMS NOTED THAT THESE OFFERINGS WERE CRITICAL TO EASING THE DIFFICULTIES OF THE NEW VIRTUAL LEARNING MODELS, PROVIDING INSIGHT INTO VIRTUAL STUDENT ENGAGEMENT TECHNIQUES. IN FY21, THE SCHWARZ CENTER ALSO SERVED 12,230 VIRTUAL PARTICIPANTS THROUGH VIRTUAL FAMILY AND COMMUNITY PROGRAMS. IN AN EFFORT TO ENGAGE INTERGENERATIONAL FAMILY AUDIENCES IN THEIR HOMES, THE SCHWARZ CENTER DEVELOPED NEW VIRTUAL COMMUNITY PROGRAMS THROUGH A SERIES OF ENGAGING LIVE-STREAMED AND PRODUCED VIDEOS: MCNY X PROJECT KID AND MCNY KIDS CREATE. MCNY X PROJECT KID IS A COLLABORATIVE

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Employer identification number

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PARTNERSHIP BETWEEN THE MUSEUM AND PROJECT K!D, A LIFESTYLE BRAND DEDICATED TO OFFERING FAMILIES CREATIVE AND INVENTIVE WAYS TO SPEND TIME TOGETHER THAT ENCOURAGES KIDS TO CREATE THE WORLDS IN WHICH THEY WANT TO LIVE. THE MUSEUM AND PROJECT K!D CREATED A SERIES OF FREE ART-MAKING VIDEOS GEARED TOWARDS FAMILIES AND KIDS AGES 7+ WHICH WERE POSTED ON THE MUSEUM'S WEBSITE, FACEBOOK, AND YOUTUBE. IN EACH VIDEO, FAMILIES ARE GIVEN STEP-BY-STEP INSTRUCTIONS TO CREATE NEW YORK CITY-INSPIRED CRAFT PROJECTS USING EVERYDAY MATERIALS, ALONG WITH FUN FACTS ABOUT THE CITY'S HISTORY AND CLIPS FROM THE MUSEUM'S COLLECTIONS AND EXHIBITIONS. THE MUSEUM'S MCNY KIDS CREATE IS A SERIES OF FREE, LIVESTREAMED VIRTUAL SESSIONS OF INTERGENERATIONAL OFFERINGS GEARED TOWARDS CHILDREN AGES 7+ BUT OF EQUAL INTEREST TO ADULTS. PARTICIPANTS WERE SHOWN HIGHLIGHTS FROM THE MUSEUM'S COLLECTION, ENJOYED LIVE INTERVIEWS WITH CHAT AND Q&A SESSIONS WITH NYC ARTISTS AND HEARD BEHIND-THE-SCENES STORIES OF THEIR WORK, AND TOOK PART IN INTERACTIVE, ART-MAKING ACTIVITIES. AT A TIME WHEN ARTS PROGRAMS ARE BEING CUT, THE MUSEUM BELIEVES IT IS IMPERATIVE TO NURTURE THE IMPULSE TO CREATE AND GIVE YOUNG PEOPLE AN OUTLET TO EXPRESS THEMSELVES THROUGH ART, AS WELL AS SUPPORT ARTISTS AND OFFER A PLATFORM FOR REACHING AUDIENCES WHEN MANY PROJECTS ARE ON HOLD. THE CENTER ALSO SUPPORTED THE PROFESSIONAL DEVELOPMENT OF EMERGING PROFESSIONALS THROUGH FELLOWSHIP AND INTERNSHIP PROGRAMS. THESE FELLOWS COMPLETED TRAINING AND TAUGHT THE SCHWARZ CENTER'S PROGRAMS. THEY HAD THE OPPORTUNITY TO LEARN ABOUT MUSEUM CAREERS AND DEVELOP THE PROFESSIONAL SKILLS NEEDED FOR LONG-TERM SUCCESS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MUSEUM SHOP

Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

EXPENSES \$ 281,610. INCLUDING GRANTS OF \$ 0. REVENUE \$ 108,641.

FORM 990, PART VI, SECTION A, LINE 2:

JAMES DINAN, VILLIAM VRATTOS, NATHAN ROMANO, AND JEANNE MANISCHEWITZ HAVE BUSINESS RELATIONSHIPS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS EMAILED TO THE AUDIT AND FINANCE COMMITTEES FOR REVIEW AND APPROVAL. ANY QUESTIONS THAT AROSE WERE ADDRESSED BY MANAGEMENT PRIOR TO APPROVAL. ONCE APPROVED BY THE AUDIT AND FINANCE COMMITTEES, THE 990 WAS EMAILED TO THE REMAINDER OF THE BOARD FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER, TRUSTEE, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST FORM. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT, AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE



Name of the organization

MUSEUM OF THE CITY OF NEW YORK

Employer identification number

13-1624098

TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRMAN OR THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER MCNY CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN MCNY'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION. IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. ANY DECISION BY A COMMITTEE SHALL BE SUBJECT TO REVIEW AND DETERMINATION BY THE GOVERNING BOARD SHOULD IT ELECT TO DO SO.

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM OF THE CITY OF NEW YORK MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2020

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A ☐ Check box if address changed.

B Exempt under section

☒ 501(c)(3) )

☐ 408(e) ☐ 220(e)

☐ 408A ☐ 530(a)

☐ 529(a) ☐ 529S

Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)

MUSEUM OF THE CITY OF NEW YORK

Number, street, and room or suite no. If a P.O. box, see instructions.

1220 FIFTH AVENUE

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10029

D Employer identification number

13-1624098

E Group exemption number  
(see instructions)F ☐ Check box if an amended return.

C Book value of all assets at end of year 66,852,822.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entityH Check if filing only to ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation.

L The books are in care of OSMAN KURTULUS Telephone number 212-534-1672

### Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-4,137.
2	Reserved	2	
3	Add lines 1 and 2	3	-4,137.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-4,137.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-4,137.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

### Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

**Part III Tax and Payments**

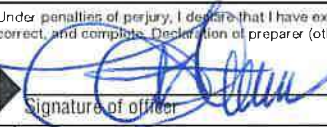
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	<b>Total credits.</b> Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	<b>Total payments.</b> Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>CAYMAN ISLANDS</b>	X	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer 	Date <b>4/21/22</b>	Title <b>CHIEF FINANCIAL OFFICER</b>	
Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>DAVID ROTTKAMP</b>	<b>DAVID ROTTKAMP</b>	<b>04/12/22</b>	PTIN <b>P01303468</b>
	Firm's name <b>GRASSI &amp; CO. CPA'S, P.C.</b>	Firm's EIN <b>11-3266576</b>	Phone no. <b>212-661-6166</b>	
	Firm's address <b>488 MADISON AVENUE, 21ST FLOOR NEW YORK, NY 10022</b>			

Form 990-T (2020)

**SCHEDULE A**  
**(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization MUSEUM OF THE CITY OF NEW YORK	<b>B</b> Employer identification number 13-1624098
<b>C</b> Unrelated business activity code (see instructions) ► 722410	<b>D</b> Sequence: 1 of 1

**E** Describe the unrelated trade or business ► **LIQUOR SALES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales 8,442.			
<b>b</b> Less returns and allowances <b>c</b> Balance ►	<b>1c</b> 8,442.		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b> 12,579.		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> -4,137.		-4,137.
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> -4,137.		-4,137.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement)	<b>14</b>	
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	-4,137.
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	-4,137.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.
2	Purchases	2	12,579.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	<b>Total.</b> Add lines 1 through 5	6	12,579.
7	Inventory at end of year	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	12,579.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ \_\_\_\_\_

B ☐ \_\_\_\_\_

C ☐ \_\_\_\_\_

D ☐ \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> included in line 10				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
<b>Totals</b>			0.	0.	

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	0.			0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2020

## Part IX Advertising Income

- 1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

- 2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

2

- ### 3 Direct advertising costs by periodical

--	--	--	--

- a** Add columns A through D. Enter here and on Part I, line 11, column (B).

0.

- 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

[illegible]

- ## 5 Readership costs

- 6 Circulation income

- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

- 8** Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7.

- a** Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on

Part II, line 13

0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to <u>unrelated</u> business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

**Total.** Enter here and on Part II, line 1

0.

## Part XI Supplemental Information (see instructions)